



Electronic Recording Delivery System Application for Sub-County System Certification

TYPE OR PRINT (IN INK) ALL INFORMATION
REQUESTED ON THE APPLICATION FORM.
SIGNATURE MUST BE ORIGINAL.

DOJ USE ONLY	
Cert #	_____
Date rec'd	_____
Response date	_____
Analyst	_____

Tracking #	_____
HDC date	_____
Rev. by	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

SECTION A (SUB-COUNTY RECORDER)

SUB-COUNTY		SUB-COUNTY RECORDER NAME		
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE ()	FAX ()	E-MAIL		
CONTACT NAME (if any)				
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE ()	FAX ()	E-MAIL		

SECTION B (APPLICATION CHECK LIST)

The following documentation shall be submitted in conjunction with the submission of this application to the Lead County Recorder.

CHECK THE BOX IF A COPY OF THESE ITEMS ARE ATTACHED:	
<input type="checkbox"/>	SUB-COUNTY RESOLUTION
<input type="checkbox"/>	PROOF OF FINGERPRINT SUBMISSION
<input type="checkbox"/>	STATEMENT OF UNDERSTANDING (ERDS 0011)

I declare under penalty of perjury under the laws of the State of California that all the information contained herein is true and correct.

Signature: _____ Print Name: _____ Date: _____

Application Submission

The information on this application and all required documentation becomes the property of the Department of Justice and will be used by authorized personnel. All documentation submitted shall be exempt from disclosure pursuant to the Information Practices Act of 1977, Civil Code Section 1798 et seq.

Submit to: This application and all required documentation shall be submitted to the Lead County. The Lead County is responsible for the submission to the ERDS Program.